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one copy of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 100	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. 132	
City of _____	(No. _____) St. _____ Ward _____	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Jose Romero</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>3</u>
Legitimate? <u>yes</u>	Date of Birth <u>Feb. 28 - 1921</u>	Month	Day
FATHER		MOTHER	
Full Name <u>Bacillo Romero</u>	Full Maiden Name <u>Cater Hernandez</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>29</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>20</u> Years
Birthplace <u>Jalisco, Mexico</u>	Birthplace <u>Zacatecas, Mexico</u>		
Occupation <u>Concentrator man</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>3</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 28, 1921, at 7 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Arizona

196-228-589

COUNTY REGISTRAR.

Filed Feb 28 1921

Filed Mar 7 1921

A True Copy

B. W. Haide M.D.

LOCAL REGISTRAR.

B. W. Haide
COUNTY REGISTRAR.